

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESIDENTIAL LIVING SERVICES II (310271)
Address: 1624 N 19TH ST, MILWAUKEE, WI 53205
License Status: REGULAR
Licensed/Certified/Registered 10/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095931 **End Date:** 11/18/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008863 Served 11/28/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 83.15(1)(c)1 | ADEQUATE STAFFING | | |
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | | |
| 83.32(2)(c)1 | ANNUAL EVALUATION-PARTICIPATION | | |
| 83.33(3)(a)1 | PRACTITIONER'S WRITTEN ORDER FOR MEDS | | |

Survey ID: 0094855 **End Date:** 05/13/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094460 **End Date:** 03/25/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009086 Served 04/09/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------|--------------------------------|------------------|
| 50.065(6)(b) | CREDENTIALLED CAREGIVERS | 05/13/2005 | Yes |

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092514 End Date: 05/04/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092200 End Date: 02/24/2004 Type: STANDARD Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091152 End Date: 09/09/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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| Enforcement History |
|---------------------|
|---------------------|

| | | |
|-------------------------|----------------------|---------------------|
| Date: 11/22/2005 | SOD #10008863 | Appealed: No |
|-------------------------|----------------------|---------------------|

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(p)

| | | |
|-------------------------|----------------------|---------------------|
| Date: 04/01/2005 | SOD #10009086 | Appealed: No |
|-------------------------|----------------------|---------------------|

Sanctions

COMPLY WITH REQUIREMENT

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| |
|--------------------------|
| Complaint History |
|--------------------------|

Date Complaint Received: 02/10/2005

Date Investigation Completed: 10/12/2005

Subject Area(s)

ABUSE
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10008863
10008863

Date Complaint Received: 01/08/2004

Date Investigation Completed: 02/27/2004

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

-migrated data -
NOT SUBSTANTIATED

SOD #

NOT RECORDED

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